

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000316

**Entity Name:** SEAWORLD PARKS & ENTERTAINMENT, INC.

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC2236713390**

**Current Principal Place of Business:**

9205 SOUTH PARK CENTER LOOP  
SUITE #400  
ORLANDO, FL 32819

**Current Mailing Address:**

9205 SOUTH PARK CENTER LOOP  
SUITE #400  
ORLANDO, FL 32819 US

**FEI Number: 27-1220404**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
SUITE #250  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name D'ALESSANDRO, DAVID F  
Address 9205 SOUTH PARK CENTER LOOP  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, PRESIDENT AND CEO  
Name ATCHISON, JIM  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name BARATTA, JOSEPH  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name MCEVOY, BRUCE  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name WALLACE, PETER  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name MCHALE, JUDITH A  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name THOMAS, DEBORAH  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title CFO  
Name HEANEY, JAMES M  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL B. POWERS**

**ASSISTANT SECRETARY 04/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF LEGAL AND CORPORATE AFFAIRS  
OFFICER, GENERAL COUNSEL AND  
CORPORATE SECRETARY  
Name TAYLOR, G. ANTHONY  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name BALLESTEROS, EUGENIO  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY  
Name POWERS, PAUL B  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title CHIEF ACCOUNTING OFFICER  
Name SWANSON, MARC G  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819

Title VICE PRESIDENT OF PLANNING AND  
ASSISTANT TREASURER  
Name DEMSKY, HOWARD  
Address 9205 SOUTH PARK CENTER LOOP  
SUITE #400  
City-State-Zip: ORLANDO FL 32819